

Date: _____

PWC
Transportation Department Customer Comment form

VEHICLE MAINTENANCE

CHECK TYPE ☐ P M / CORRECTIVE ☐ MINOR WORK ☐ MAJOR
OF SERVICE MAINTENANCE (QUICK LINE) REPAIRS

CHECK ☐ UNSCHEDULED ☐ SCHEDULED ☐ TOWED IN
METHOD

EXCELLENT VERY SATISFACTORY MARGINAL UNSAT
GOOD

1. Based on this visit, how satisfied were you
with your overall service experience? [1 [1 [1 [1 [1

2. How satisfied were you with:

a. Amount of time (from your arrival)
before receiving service. [1 [1 [1 [1 [1

b. Our ability to complete all
requested work. [1 [1 [1 [1 [1

c. Overall quality of work, [1 [1 [1 [1 [1

d. Time frame it took to complete
required maintenance. [1 [1 [1 [1 [1

3. Was the reason for service due to
rework or a recurring problem ☐ YES ☐ N O

ADDITIONAL
COMMENTS: _____

Customer Satisfaction is important to PWC JAX. Please forward completed form to PWC, BLDG 196, NAS JAX.

OPTIONAL: Point of contact : Name: _____ Phone: _____